2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90038 015 ****55.00

DOCUMENT # L99000003610

1. Entity Name
QVISION, L.L.C.

Principal Place of Business
111 N.E. 1ST STE., 4TH FLOOR
MIAMI, FL 33132-9081

Mailing Address
111 N.E. 1ST STE., 4TH FLOOR
MIAMI, FL 33132-9081

20043000

03162006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
23-0449938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

5. Name and Address of Current Registered Agent

HATIC, HAAS A ESQ.
GREENSPOON, MARDER, HIRSCHFELD ET AL
100 W. CYPRESS CREEK RD., STE. 700
FORT LAUDERDALE, FL 33309

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KELLY, WILLIAM J
STREET ADDRESS	111 N.E. 1ST STE., 4TH FLOOR
CITY-ST-ZIP	MIAMI, FL 331329081
TITLE	MGR
NAME	QUIROS, ARIEL I
STREET ADDRESS	111 N.E. 1ST STE., 4TH FLOOR
CITY-ST-ZIP	MIAMI, FL 331329081
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Howard Glenden 4/19/06 305 579-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #